



STATE OF NEW HAMPSHIRE
EXECUTIVE BRANCH ETHICS COMMITTEE COMPLAINT FORM

Use this form to report a violation of RSA 21-G:21-27, RSA 15-A, RSA 15-B, or a State Agency Ethics Code

COMPLAINANT INFORMATION

Name Title/Position/Agency (If applicable)
Address Phone
City State Zip Code
Email Address

PERSON AGAINST WHOM COMPLAINT IS BROUGHT

Name Agency/Title/Position Held (If known)
Contact Information (if known)
City State Zip Code

STATEMENT OF FACTS

Date and Time of Violation
Location of Violation
Please explain the basis for your complaint. If necessary, attach additional sheets.

Names and phone numbers of witnesses or other victims:

State Statute or Ethics Code you believe was violated (if known):

SIGNATURE

By signing and filing this complaint, you are stating under penalty of law that the information you are providing is true and correct to the best of your knowledge.

Signature Date

THE STATE OF NEW HAMPSHIRE

, ss

On the \_\_\_ day of \_\_\_, 20\_\_ before me, (Print name of Notary Public/Justice of the Peace), the undersigned officer, appeared (Print name of person filing the complaint, whose signature is being notarized) (known to me) (or satisfactorily proven)(circle one) to be the person whose name appears above, and s/he subscribed his/her name to the foregoing complaint and swore that the facts contained in this Affidavit are true to the best of his/her knowledge and belief.

Notary Public/Justice of the Peace

My Commission expires: (seal)

If additional pages are used, both the complainant and the Notary Public/justice of the Peace must sign and date each page.

Submit to:

Executive Branch Ethics Committee, 33 Capitol Street, Concord, New Hampshire 03301